Reset Form

Print Form

Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Number 4 1 - 2 18/11/8 (Ma	ort Filed By Candid rk X)	rte : " -Committee	X
Name of Filing Committee, Candidate or Lobbyist	JESS JIMIN	RHTE CAMPAIGH	COMMITTEE
Street Address City		ISE LAKES DRIVE	# 5A
EK CK	E State	PA Zip Gode	16509
Type of Report (Place x under report type) 1- 6 th Tuesday 2- 2 nd Friday 3- 30 Day Post 4- 6 th	Mosday Esang Eviday		cial 2 ¹⁰ Friday. Special 30 Day
	lection Pre-Election	Election Pre-	cial 2 nd Friday Special 30 Day Election Post-Election
Date Of Election (MM/DD/YYYY) "Year (MM/DD/YYYY)	2017	Amendment Terr Report Rep	nination ort
Summary of Receipts and From Date Expenditures	To Date	För Office	Use Only
A. Amount Brought Forward From Last Report \$	10-23-2017		
B. Total Monetary Contributions and Receipts S	1,889.25		可见 号
(From Schedule I)	32.150 00		RM 25
(Sum of Lines A and B)	34.039.25		(a) = (***)
D; Total Expenditures \$ (From Schedule III)	25,556.79		M 9: 16
E. Ending Cash Balance \$ (Subtract Line D from Line C)	8482.46		9: 16 RATION
F. Value of In-Kind Contributions Received \$ (From Schedule II)	~ 0 -		
G. Unpaid Debts and Obligations \$ (From Schedule IV)	39,000 00		
Part 1- If this is a Committee report, treasurer sign here. If the	ျှော်Affidavit Sec	rtion	-
I swear (or affirm) that this report, including the attached so sworn to and subscribed before me this day of CHOO 20 20 20 20 20 20 20 20 20 20 20 20 20	edules oncoder, is to the long of April 3. 20 and April 3. 20	Dest of my-knowledge and belief true, cor	rect and complete.
Signature My Commission expires MO. DAY YR.	NOTARIAL Tonia Wilt . Mox City of Erie. Er ommission Expi		-0307 elephone Number
Part II- If this is a report of a Candidate's Authorized Commits I swear (or affirm) that to the best of my knowledge and be	ee, candidate shall sign he fithis political sommittee h	re. as not violated any provisions of the Act (of June 3, 1937 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this Object to the control of t	INCLEAN STORMS TO SERVICE SERVICE STORMS TO SERVICE SE	Frinted Name 814	(F.L. 1535, NO.320) as (F.L. 1535, NO.320) as (F.L. 1535, NO.320) as

SECTION I

Detailed Summary Page

Name of Filing Committee or Candidate JESS JULIANTE CAMPAIGN COMMITTEE	Reporting Peri	об/2017 то <u>во /53/2017</u>
UNINEUTIZED CONTRIBUTIONS AND SECEPTS - \$50.00 OF TEST	33.65.35.05.35.05.35.05.35.05.35.05.	100.00
2 CONTINUED ATOMS \$50 OF TOPS 250 OF GRADIA PART A AND PART Contributions Received from Political Committees (Part A)	(A)	s 250 °C
All Other Contributions (Part B) TOTAL for the Reporting Period	od (2)	40.50 00
SOUTHERN SONS OWERS TANDER OF CARE SAID PART OF		
Contributions Received from Political Committees (Part C) All Other Contributions (Part D)		\$ 6.00 26.100.00
TOTAL for the Reporting Period A DEBUT RECEIPTS A REPUNDS SMALREST FARMED RESIDERS		$\mathcal{A}_{0}, [\mathbf{w}, \mathbf{w}]$
TOTAL for the Reporting Period		
TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)		\$ 32,150 €

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00 Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number	47-2981	198		<u> </u>	1	· · · · · · · · · · · · · · · · · · ·	
					Aı	mount	
Full Name of Contributing Committee	AFSCMÉ Address Execut	Couper 13	3 ELEGISLATION	Date IMM/00/YYYYI () () () () () () () () () (\$ 3	250	90
House # 4031 Street A	saddress EXECUT	river PARK	DR.	Dáte (MM/DD/YYYÝ)	\$		
GIFV HARRISBUS	State .	Zip Code	17111	Date (MIW/DD/YYYY)	\$	starili i secono y	to set of a
Full Name of Contributing Committee				Date [MM/DD/XYYY]			
House # Street A	Address			Date [MM/DD/YYYY]	\$		
city	State	Zip Code	É	Date [MM/DD/YYYY)	./S.1	in a green de	a see a see see
Fall Name of Contributing Committee				Date [MM/DD/YYYY]			
#House # Street A	Address	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Date [MM/DD/YYYY]	#\$		
:Gity'	State	Zip Code		Date [MM/DD//YYY]	\$	an and Aleman	<u></u>
Full Name of Contributing. Committee				Date MM/DD/MYXI	\$\$. 70 #		
House#. Street/A		(Chambagaine on		Date [MM/DD/WW]			
Gity	*State	Zip Code	government in a second party of	Date [MM/pD/YYYY]		and the second second	ertacia e _{tro} "I
Full Name of Contributing Committee				Date [MM/DD/YYY] &			
House # Street/	Address			*Date (MW/DD/YYY)	\$		
CIV	State	Zip Code		Date (MM/DD/AYYY)		12 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Full Name of Contributing Committee				Date [MM/DD////M]	S		
	Address	1		#Date [MIVI/DD//YYYY]			
Gity	State	Zip Code		Date:[MM//DD/YYYY)]			

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Pa lofs

alesteentie dooktoores 2981798 Date MM/DD/WWi hall Nemeor Considerati BoB GLOWACKI 08/28/2017 Date MM/DD/AVAVI House (WEST LAKE 9645 City Pale MM/DD/W/M/S 16505 DETER MINIMARY PROPERTY OF THE ad Name of Good follower 1000 ELLEEN AGREST 1 01/2017 #(0) RD(# Street Addires 906 elia# ERIE <u>65</u>05 allingmed Coambuc 1000 Louis J. HGOSTINI 08/24/2017 ieuseil Street/Address 6003 MARBLE LANE vzip code edate MM//DD/AYAA/ CR7 16415 FAIRVIEW निर्माधिकालक (धनसंत्रीक स्टाह्म 2000 00 JESSICA N. JIULIANE |-00.60\| AUE REGON 1020 GW, ERIE 16505 reli Nameoli Contributor Date MW/Db/AAAAA 1000 EDWARD WHITTIHG! 2017 Hogge SOUTH SHOLE DR 2207 तीकः 16505 हा। दिनात्रकाल जिल्लामित्रका JIM MCKIBBED 100 00 Signatura biras louse! STATE 100 Date MIV/DD/YVY/E Clisy ERIE 16501 PA

PART B TOTAL PG. 10

850 00

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

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ZEPHYR AVE.	1916 1917 2016	
PA Zipicote 16505		
GERALDINE M. KALFMANN	09/03/2017	100 16
CHILTON CT.		
State PA ZIP Gode 16505		
KEVID MIKIELSKI	09/10/2017	10000
IDDIGO RUD		
State PA Applicate 16415	ADAREIMM/DD/AWAYI.	
ALAN E. ALBRECHT	09/10/2617	1500
PLAZA DR.	Date (VIVIVADD AAAAA	
State PA Angeode 16506	ADATOTIVITY/ADDVAAAAAL Se	
ROBERT D. VITRON	69 16 3017	100 00
ZEPHYR DR.		
PA LLSUS		
JEFF TENDEY	09/12/2017	1000
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2D PD 200000 1641	adette [Mivi/IdeVAVAVA]	
	ZEPHYR AVE. STORES PA ZIDGOGUES 16505 GERALDINE M. KALEMANN CHILTON CT. PA ZIDGOGUES 16505 KEVIN MIKIELSKI TODIGO RUN PA ZIDGOGUES 16415 ALAN E. ALBRECHT PA ZIDGOGUES 16506 PA ZIDGOGUES 16506 PA ZIDGOGUES 16506 PA ZIDGOGUES 16506 PA ZIDGOGUES 16505 TEFF TENNEY TIGER LILLY LANC	ZEPHYR AVE. GERALDINE M. KAUFMANN OA 03/3017 CHILTON CT. PA 16505 KEVIN MIXIELSKI CA/10/3017 TNDIGO RUN PA 16415 ALAN E. ALBRECHT OA 1/0/3017 PA 16506 TIGGER LILLY LANCE

PART B, R 2 \$ 100 00 Pag. 1 to 2 \$ 1500 00

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

47-298 1798	
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5442 Mystic RIDGE DR DATE	MIM/DP/AAAAI
WILLIAM A. STORIEN OG	10/2017 250 ⁶⁵
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EHE PA 4000 16508	MIMPONINA ASO
947 W. 52 ²² 57.	10/2017 02 2 MM/00/ANN
EHE PA 16509	2 \$ NA 00

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

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Election Number &		A A A1	
	//1	180 110 C	
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	<u> </u>		

	and the second
Full Name of Gontributing Committee	Date:(MM)/dD/YYYYY): \$
House # 5	Date:[MM/DD/YYYY/]: \$
City Zip Code	Date (MM/DD/AYYAY)
Gontributing Committee	@Date\(MM/DD/\YYY\) 35;
#House## Street Address	Date:(IVIM/DD//YYYVI) \$\$
City. State Zip.Gode:	Date([VIN//DD//YY/Y)
Füll Nameof Gontributing Committee	Date IVIM/DD/AYYY4].
House## Street Address	#Date [MM/DD/YYYYY] \$
Gity State Zip Gode	Date IMM/DD/WYY/
RUII Name of S Contributing Committee,	- Date [MIM//PD/AYYYY] 35
House# Street Address	[Date (MIN)/DD/YYYYY] 35
State Zip Code	Date[MM/DD/WWY] \$
Full Name of Gontributing Committee 2	
Thouse # Street Address	Date (MIN/DD/AYAY)
Gity State Zip.code	(Date (MM/DD/M/M)) (\$)
Spull:Name of Contributing Committee	
Thouse #. Street Address	#pate [MM/DD/AYYY] \$
Gity Zip Code:	Date:(MIN/JDD/AVAVA)) \$5

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

47-2981798

Filenidentification Number

	and the second of the second o	
	JOSEPH PALERMO	07/10/2017 1000 00
House# 2500 street Addre	PALERUO DR.	*Date*[MM/DD/YYYYY] * * * * * * * * * * * * * * * * *
914 ERIE	State PA Zin Code 16506	NDate:[MM/DD/\YYYY] 5
EmployerName EmployerMailingAddress/	PALERMO REALTY	PA 16506
Rifineipal Place of Business (Full Nemeof, Contributor)	2000 PALERMO DR.; EPIE, 1	08 (28/2017 300 0
House# 5343 Street Addre		pate (MM/QD/MYYY)
ELE ELE	State PA Zipicode 16506	Date:(MM/QD/AY/A/) \$5
Employer Name Employer/Meiling/Address/	N/A	Occupation RETIFED
Principal Place of Business	<u></u>	
	SAMES C. SWIERCZEUSKI	08/30/2017 505 <u>10</u>
Houser# 128 Street Addre	POTOMAC AUE.	
SILV ELLE	PA Zincode 16565	Date (VIM/DD/YYYYY)
rEmployer Name	PA	PETIRED
Employer Mailing Address:/ Phinapal Place of Business	NA	
	MicHAEL DONIKOWSKI	09/05/2017 508 to
#House:# 4804 Street Addres	WOLF KD.	Date: VIM//DD/AYYYV \$
ELLE	State PA Ziprocotte 16505	Date [MM/JDD/XYYY/] = # \$\$
Employer:Name	Ala	PETILED
EmployedVatling/Address/ Rithdpal/Blace of Business	NA	

Part D, la 1 of 3 \$ 2300 00

PAR. 0

All Other Contributions

Over \$250.00

Example 1 (Exclude contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

42/3

47-2981798

NECESSION STREET		Date (MM/DD/AAAA)
	MICHAEL VISNOS KY	10/05/2017 3000
5848 Street	FOREST XING	(Date[IMM/DD/YAYY)
ERIC	2 State PA Zip Godes 16506	Date (MIN)/DD/YWWI \$35
engloyerName	KNOX NELANGHLIN GOLDALL ESEDIE	Occupation A TTORNEY
EmployeeMeilingAddacss// Principal PhocoNEmances	120 W. 10th ST; ERIE, PA	16501
Full Name of Contributor	JOHN MICHAER FERRETTI II	10/14/2017 500 °D
(House,# 1231 Sires	ST. MARY'S DR.	Epate VIIV/plp/cng/a/i
GLEV ERIE	State PA Zipicode 11609	Date(MM/DD/MM) S
EniployerName HansloyerMeilln:/Address//	LECON CLAKE EUCCOURGE OF OSTEOPATHIC MED 1858 W. GRANDVIEW BUYD.	Occupation VRESIDENT · LECOM
ម្រាំសៀបស្រែងនាក់ស្រែសខេត	1858 W. GRANDVIEW BUYD.	GUE, PA 16509
Hill Namen Consider	RICHARD P. OLINGER	10/16/2017 500 °C
8216	PLATE ROAD	Date HVIM/DD/YYYY) & \$
FAIRUIE	W PA 11859 16415	apate [MM/DD/WWY]
Employa Name	MILLCREEK COMMUNITY HOSPITAL	Occupation CFO
चित्रपृष्ठिपुदाः (पेटापितः Address) भृतीत्रज्ञात्रसम्बद्धाः सम्बद्धाः	SSIS PEACH ST.; EME, PA	
Fall Whitelof (Optimizer)	MARY L. ECKERT	16/16/2017 500 °C
5403	PEPPERWOOD CIR	Pate [MIVI/DD/AYAYI] \$
ERIE	PA Zipicode 16506	TDate IMIV/IDD/AAAA/I
EmployerName	MILLCREEK COMMUNITY HOSPITAL	MILICREEK COMM. HOSP. LOGY PRESIDENTICED
lämaioxyanVeriling/Address/ Rinkelpalfillare di Eveniusis		6509 PRESIDENTICED

D, Pa2 13 7 1800 00 10TAL Pop 1402 5 4100 00

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C)

Pa 3 of 3

47-2981798

Flancianicaloniumias

				DETE MINIMODIAAAA		
Full Name of contributor	JESS JIULIAN	Me		09/08/2017	15,000 ±	<u>8</u>
House # 1163	GANGE SUNRISE	LAKES	DR#5A	10/23/2017	7.000	<u>a,</u>
ER10	States PA	Zip Code	16509	Date (MM/DD/MAM)		
iangleyardane	N	A.		Occupation KE	(IRED	
Troployer/Veilling/Veblass (Amageal/Receptives)	(AG			·	
Till Name of Contributors	Control of the Contro			Date (IVIM/DD/AVAVI)		
House#4 Stre	et Address			Date (MM/JDD/AMAN)	5	
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ramployer Value				Occupation		27 - 21-12 - 21-14
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[Fil][NameorGongibutor						
Rouse (II Si	et Address			Date WM/DD/WW/	S	
ত্তিপ	State	//ip/code		Date (MW/DD/AAAA)		
employerName				.Occupation	<u> </u>	
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House # St	aci/Attelicss			Date (MM/DD/AAAA)		
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TOTAL Pap Pto 3 26.1000

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

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			and the second s	
	et Address	State	1276-2223	Date (WM/DD/WYW) \$
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	et-Address			Date (MM/DD/AYAY) \$
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	et Address	3(02123)	9774	Date (MM/DD/AWAY)
City: Receipt Description		State A	Code 4.	Date IMW/DD/And 200 2
Fill Name : : Sign	eet Address	an a san Malina ay na <u>n</u> a na M		
Receipt pessedolos	Control of the Contro	State	Zip. Gode	Date (MM/DP/XXXXI) \$.
#House## State	eet-Address	en e	and the second second second second	
City Receipt Description		State	Zip. Codes	(Pare (MIVI/DD/AY/A));
Full Name	eet Address		and the second s	
City Receipts Description		State	ZID Code	Date MIXI/DD/YYYYI

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

1610e-Identification Number 41 - 298 1198

	Control of the State of the Sta
Full-Namelof-Gontributor	*Date* NM//DD/XYYY/ }
House# Street Address	Date (WM/DD/AYAYA) \$5.
Chy. State Zip.code	*Date (MM/DD/YYYY) IS
Description of Contribution	Heavile)
Full (Name of Contributor)	Date (MM//DD/M/Wil) (\$
Street/Address	Date MM/DD/YYYYI 5
City Zip.code.	Date [MM/DD/YYYY] 55
Description of Contribution	
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Hull Name of Contributor	Date MIXI/ DD/\YY\Y\ \$
House# Street Address	· Date [MM/DD/AVAY]] \$
City State Zip Code	*Date:[[vii/VDD/YYYY)] \$8
Description of Contribution	
Full Name of Contributor.	Date (MM/DD/XYYM) S
Tiouse:# Street Address	Date [MM/DD/AYYXXI] \$
CITY: State 77ip Gode S	Date [MIM/DD/YYYYY], \$5
Description of Contribution	

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

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Filed Identification Numbers:	41.	2981798			_		
		A Section 1995 Annual Control of the	A A STATE OF THE S			and the second of the second o	

Ft Nameo(Conuabutor	Date (MM/DD/YYYY)
'House'#. Street/Address	Date [MM/DD/YYYY]
City State. Zip Gode.	Date IVIV/DD/AYYYYI S
Employen Name	Occupation
Employer (Mailing Address / Principal) Place of Business	Description of Contribution
Full-Name of Convillation	Date MM/JDD/YAYYY) SS
House#. Street Address	Date (MM/DD/YYYY) 2
Gity State. Zip/Gode	Date [MM/DP/XYYY] S
Employer Name	Occupation
HEmployer,Mailing Address // Principal Place of Business	Description of Contribution
Full Name of Contributor	Date (MM/DD/YYYY)
HOUSE #4. Street Address	Date (VIM/DD/AYYY) 55
City, ZipiGode.	#Date [WIW/DD/YYYY]
Employer Name	Occupation
Employer Malling Address / Principal / Place of Business	Description of Contribution
	_Date [VIIV]/DD/AYAYV]\$
House (I) Street Address	abate (MMV/DD/AYAY) 35
Git/* Zip Gode Zip	Poate (MINI/DD/AYYY) \$
Employer/Name	#Occupation
Employer Mailhe Address/Principal/ Rlace of Business	Description of

47-2981798

DESANTIS SIGNS? GRAPHICS	08.09-2017 850.65
HOUSE # 540 STEET Address WEST 18th 51.	*Description of Expenditure
GIEV ERIE State PA Code 16502	YARD SIGNS
TOWNSHIP FRANK GILDERSLEEVE	Date (MM/00//W/Y) 450 % Description of Expenditure
House # 3050 Street Address WEST 384 51.	
Gity ELIE States PA Robbe 16506	FUND RAISER- FOOD PREP
TOWNSON RAID DON LANGER	Date (MIN/DD/YYYY) S 200 00 Description of Expenditures
House # 301 Street Address ARCADIA DR.	
GitV EUE State PA Gode 16506	FUND LAISER - DJ
FRANK'S FARM MARKET	Date MM/DD/YYYYA SS 75 25 26 2011 Specification of Expenditure
Houseth 8561 Street Address RICK ROAD	25 (2)
GITY MEKEAN STATES PA COOR 16426	FUDD KAISER - COEN
WESTGATE FAILMS	Description of expenditure
HOUSE # 10951 STREET Address EAST LAKE ROAD	
CITY NORTH EAST STATE PA CORE 16428	ROASTER TIG . TUND KAISER
ERIE'S ELK LODGE #67	Description of Expenditure
House# 2404 Street Address PEDINSULA DR.	A Company of the Comp
SERVE ELIE STATE PA ZIP 16506	FUND KAISA - FOOD / LOCATION
TOWNSHIPPAID SYNERGY BUS. FORMS	Description of Expenditure
House # 3802 Stice Caddiness WEST LAKE LOAD	
CITY ENE STORE PA CONO. 16505	FUND VAISER TICKETS
TOWNSOMPEND PRINTING CONCEPTS	10/06/2017 6.7 15.76 Desdription of Expenditure
OHOUSEST 4982 Street Address PACIFIC AVE	
City EPUE State PA Code 16506	# CAMPAIGN MAIL-OUT

SCH. 111, PG. 18/2

\$ 11,5% 00

47-2981798

<u>ारवेतमा/रूठाम्बर्गामत्रवीहा</u>

Economical Control of the Control of	Date MM/DD/XMM & OO ()
CONNOISEUR MEDIA	10 17 2017 39 64.40
House ONE Street address BOSTON STORE PLACE	
EKIE STATE PA COOLE 16501	CAMPAIGN RADIO ADS
CUMULUS MEDIA	10/17/2017 2,1 48.20
House # 471 Sifeet Address Robison ROAD	spescriptionoriespenditure.
IGITY ERIE State PA Code 16509	CAMPAIGN RADIO ADS
DCTL RADIO	Date MM/DD/YYYY 5
HOUSEL 1912 Street Address PEACH ST.	Description of Expenditure
WATERFOLD SERVED PA GOODS 16441	CAMPAIGD RADIO ADS
TOWNSON HAITE PRINTING CONCEPTS	10-80-2017 6.715.76
HOUSEH 482 Street Address PACIFIC AVE.	apescription of Expenditure
GOV ERIE STATE PA GODE 16506	CAMPAIGN MAIL-OUT #2
To/Whomigately 2	Poate (MM/OD/AVY)
House:::: StreetAddress	e Description of expenditures
Giv Ziele Zip	
To WitomBrid	(Dace MMVIDDVAAAA) (\$
	Description of Expenditure
GTV State: Zip	
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iio,WHomPald #	Posanption of Expenditure
House:: Street Address	
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SCH. III, PG2012 (ABOVE) 14,000.79
PG 1.02 11,556.50
SCH. III 10 TRL 26.556.79

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Hiler Identification Numbers	47 -2981798
Name of Greditor	SUNRISE LAKES OF VAMOUS Outstanding Balance of Debt a Date Debt incurred as 39,000 00. VAMOUS
1703	
Description of Debt	LOAN FROM CANDIDATE TO CAMPAIGN COMMITTEE
Name of Greditor. Housei#	Outstanding Balance of (Debt) Eet Address [MINI/DD/YYYY]
rcity	State Zip Gode
Description of Debt.	Outstanding Balance of Debit 2.2
	eet Address [MiM/Jop/YYYY] 5
Gity	State Zip Gode 7
Description of Debt	Outstanding Balance of Debt DATE DEBT INCURRED \$ 5
	reetiAddress [MM/Jbp/YYYY] State Zip
City Description of Debt	Gode Gode
Name of Greditor	reetAddress DATE DEBT INCURRED S [MM/DD/AYAY]
Gity	State Z p Gode
Description of Debt	
Name of Greditor	ineet Address [MIN/DD/AY/YY]
Giry	State: Zip Code
Description of Debt.s	